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Angela Garner
Deputy Director
Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Re: Proposed California Amendment to Bridge to Health Reform Demonstration (No. 11-W-00193/9), Drug Medi-Cal Organized Delivery System Waiver

Dear Ms. Garner:

I am an addiction psychologist and an Alameda County treatment provider who operated an Opioid Treatment Program (The 14th Street Clinic) from 1979 – 2007 in Oakland, California. I am strongly opposed to sections of the California Bridge to Reform Demonstration (No. 11-W-00193/9) Amendment for Drug Medi-Cal Organized Delivery System Waiver, submitted by the California Department of Health Care Services. My concern, based on extensive experience in the addiction field, is that waiving federal access protections and granting county authority to establish reimbursement rates will result in decreased access to critical, life-saving treatment services.

The current proposal would waive beneficiary freedom of choice, equality in amount, duration and scope, state wideness and reasonable promptness, some of which form the basis of a lawsuit 20 years ago called Sobky v Smoley. That lawsuit was inspired by Alameda County's effort to completely defund methadone, based on ideological objections to medication assisted therapy. While the Alameda County leadership has completely changed since that time (1994), I have taught extensively in California, and can confirm that protections continue to be necessary. Anyone who thinks the stigma against medications for opioid dependence is not alive and well need only read Jason Cherkis' article *Dying to be Free* published yesterday(Jan 28) in the Huffington Post (http://projects.huffingtonpost.com/dying-to-be-free-heroin-treatment). While I am sympathetic to the need to give counties flexibility to use their resources, it checks and balances are needed to prevent local leaders from imposing their personal preferences despite an abundance of research evidence contradicting their views.

After the Sobky/Smolley lawsuit, significantly more people entered treatment and beneficiaries could access medically-necessary treatment on demand, without the waiting lists that were standard practice before the lawsuit. This waiver is likely to overturn that lawsuit and cause some counties in California to regress back more than 20 years. We ask that CMS avoid doing anything that may undermine the permanent injunction that was based on overwhelming evidence of county efforts to limit access. Instead, we suggest CMS require California to carve-out opiate treatment providers from this waiver.

My essential concern is that this waiver could open the door to unleashing the astonishing level of stigma I encounter, even to this day, despite the fact that this treatment modality has always had the strongest evidence base for safety and efficacy of anything in the addiction field. It now has 50 years of research to its credit, and will continue to be a service in high demand in our current surging heroin epidemic.

Sincerely,

Joan E. Zweben, Ph.D.

Executive Director

East Bay Community Recovery Project

Oakland, California

Clinical Professor of Psychiatry, University of California, San Francisco